# CONSENT TO INFLUENZA VACCINATION

**Please complete the following questions by circling your response:**

1. Have you had a serious reaction to a flu shot before? YES NO

2. Do you have a known sensitivity or allergy to eggs? YES NO

3. Have you had a past history of Gullian-Barre Syndrome? YES NO
(An uncommon syndrome which affects the nervous system)

4. Are you currently sick or running a fever? YES NO

5. Do you have a known sensitivity to Thimerosal? YES NO
(A mercury derivative used in contact lens solutions)

**AUTHORIZATION TO RECEIVE INFLUENZA VACCINE AND FULL RELEASE FROM LIABILITY.**

I have been offered a copy of the Vaccine Information Statement(s) (VIS) checked below. I have read, had explained to me, and understand the information in the VIS(s). I ask that the influenza vaccine be given to me or to the person named below for whom I am authorized to make this request. I consent to inclusion of this immunization data in the Kansas Immunization Registry for myself or on behalf of the person named below.

I hereby authorize that I be inoculated with the influenza vaccine. I understand that additional doses of the vaccine may be required should new strains of the virus be discovered. Furthermore, I understand that there is no guarantee that complete immunity will result from this immunization and that its effects are only good for one year.

Having received an explanation and given consent for this injection, I hereby agree to release Trego County Lemke Memorial Hospital, their associates, agents, and medical staff from further responsibility and from all claims and liabilities that may arise out of this injection.

I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING IT AND HAVE BEEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS ABOUT THIS PROCEDURE.

| *Name (Please print)* | | *Date of birth* | *Age* |
|---|---|---|---|
| *Address* | *City* | *State* | *Zip* |
| *Signature of person to receive vaccine* | | *Date* | |

To be completed by Nurse/Physician:

| Date | Site | Route | Dose | VIS Date | Manufacturer | Lot # | Exp. Date | Given by: |
|---|---|---|---|---|---|---|---|---|
| | Rt Deltoid<br>Lt Deltoid | I.M. | 0.5ml | | | | | |

Revised 09/08/2016